

U.S. District Court
Western District of Pennsylvania

COREY L. HARRIS PROSE
Plaintiff

C.A. NO. 04-369-E
M.J. Baxter
2/28/06

VS.
Domestic Relations Section, et al,

Petition

ON Behalf of Petitioner Corey Harris has filed the within motion to Provide the U.S. Court AS well AS Provide the U.S. Marshal Service with the Correct Address of the defendants Robin Tate, Denise Nelson. So that Service of Process Can be made by the Marshall. The Correct Address is Attach to the Receipt and Return form.

CLERK
U.S. DISTRICT COURT
FEB 28 AM 11:24

Certificate of Service

I hereby Certify that on this 28th day of February A copy of the foregoing Petition was Send Via mail, by the U.S. Postal Service to: A. Taylor Williams

Corey L. HARRIS PROSE
Corey S. Harris
2-28-06 P.O. Box
(814) 456-3700-H-3618 Erie, PA 16508

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

COREY L. HARRIS PROSE

COURT CASE NUMBER

04-369-E

DEFENDANT

Domestic Relations Section et al

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ROBIN TATE

(Home Address)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

219 German St Erie PA 16507

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Corey Harris
P.O. Box 3618
Erie PA, 16508

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Corey Harris

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(814) 456-3700

DATE

2/26/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>COREY L. HARRIS</u>		COURT CASE NUMBER <u>04-369-E</u>
DEFENDANT <u>Domestic Relations Section et al</u>		TYPE OF PROCESS
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Denise Nelson (Home Address)</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4218 Roxanna Dr Erie PA, 16510</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>Corey Harris</u> <u>P.O. Box 3618</u> <u>Erie PA, 16508</u>		
Number of process to be served with this Form - 285		
Number of parties to be served in this case		
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Corey Harris</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(814) 456-3700</u>	DATE <u>2/26/06</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.									
Address (complete only if different than shown above)	<table border="1"> <tr> <td>Date of Service</td> <td>Time</td> <td>am</td> </tr> <tr> <td></td> <td></td> <td>pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date of Service	Time	am			pm	Signature of U.S. Marshal or Deputy		
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		pm								
Signature of U.S. Marshal or Deputy										

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: